

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. **REG. DIST. NO.** 277 **PRIMARY REG. DIST. NO.** 2756 **Registrar's No.**

1. PLACE OF DEATH
a. COUNTY Pike

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pike

3. CITY (If outside corporate limits, write RURAL and give township)
Annada Rural

4. CITY (If outside corporate limits, write RURAL and give township)
Annada Missouri

5. FULL NAME OF HOSPITAL OR INSTITUTION **6. STREET ADDRESS** (If rural, give location)

7. NAME OF DECEASED
a. (First) Adelia b. (Middle) ANN c. (Last) HINTON

8. DATE OF DEATH (Month) (Day) (Year)
Feb. 26 1949

9. SEX Female **10. COLOR OR RACE** White **11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)
Never married

12. DATE OF BIRTH Aug-11-1862 **13. AGE** (In years last birthday) 86 **14. UNDER 1 YEAR** (Months) 6 **15. UNDER 1 MONTH** (Days) 15 **16. UNDER 1 HOUR** (Hours) 15 **17. UNDER 1 MIN.** (Min.)

18a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired **18b. KIND OF BUSINESS OR INDUSTRY**

19. BIRTHPLACE (State or foreign country)
Annada Pike - Missouri **20. CITIZEN OF WHAT COUNTRY?**
U.S.A.

21a. FATHER'S NAME David Green Hinton **21b. MOTHER'S MAIDEN NAME** Deborah Estes **22. NAME OF HUSBAND OR WIFE** Single

23. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
No **24. SOCIAL SECURITY NO.**

25. INFORMANT'S SIGNATURE OR NAME Mrs Russell Barnes - Annada - Mo **26. ADDRESS**

27. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

28. MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerosis
ANTECEDENT CAUSES Cerebral hemorrhage
DUE TO (b)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension

29. DATE OF OPERATION

30. MAJOR FINDINGS OF OPERATION

31. AUTOPSY? YES ☐ NO ☒

32a. ACCIDENT SUICIDE HOMICIDE (Specify)

32b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

32c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Annada Pike - Missouri

33a. TIME OF INJURY (Month) (Day) (Year) (Hour)

33b. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

34. HOW DID INJURY OCCUR?

35. I hereby certify that I attended the deceased from Feb 1, 1949, to Feb 26, 1949, that I last saw the deceased alive on Feb 26, 1949, and that death occurred at 10:10 am, from the causes and on the date stated above.

36. SIGNATURE (Sign as title) CLTB and head md. **37. ADDRESS** Clarksville Mo. **38. DATE SIGNED** Feb 27/49

39. BURIAL, CREMA (Specify) Burial **40. DATE** Feb. 28, 1949 **41. NAME OF CEMETERY OR CREMATORIUM** Greenwood **42. LOCATION** (City, town, or county) Clarksville - Missouri

43. DATE RECD BY LOCAL REG. Feb 29 1949 **44. REGISTRAR'S SIGNATURE** Duda Richard O **45. FUNERAL DIRECTOR'S SIGNATURE** St Brown & Son Clarksville Mo **46. ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 3-49-663

MAR 7 - 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Signed

W. Brown

Signed.....
Student Embalmer

Licensed Embalmer No. 2648

P. O. Address Clarksville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.